

Southern District of New York

Civil Action No. 1:16-cv-01987

Signature of Clerk or Deputy Clerk

Civil Action No. 1:16-cv-01987

PROOF OF SERVICE*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for *(name of individual and title, if any)* Administration for Children and Families
 was received by me on *(date)* 03/18/2016.

☐ I personally served the summons on the individual at *(place)* _____
 _____ on *(date)* _____; or

☐ I left the summons at the individual's residence or usual place of abode with *(name)* _____
 _____, a person of suitable age and discretion who resides there,
 on *(date)* _____, and mailed a copy to the individual's last known address; or

☐ I served the summons on *(name of individual)* _____, who is
 designated by law to accept service of process on behalf of *(name of organization)* _____
 _____ on *(date)* _____; or

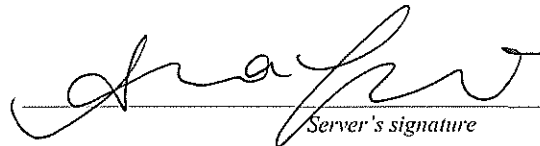
☐ I returned the summons unexecuted because _____; or

☒ Other *(specify)*: As set out by Rule 4(i) of the Federal Rules of Civil Procedure, I served the summons and
 complaint on March 22, 2016 by certified mail upon the United States and the defendant at the
 following addresses: Civil Process Clerk, US Attorney's Office, 86 Chambers Street, 3rd Floor,
 New York, NY 10007; Attorney General Loretta Lynch, US Department of Justice, 950
 Pennsylvania Ave, NW, Washington, DC 20530-0001; Administration for Children and Families,
 330 C Street, SW, Washington, DC 20201.

My fees are \$ 0.00 for travel and \$ 0.00 for services, for a total of \$ 0.00.

I declare under penalty of perjury that this information is true.

Date: 03/23/16



Server's signature

Anna Krist, American Civil Liberties Union, Legal Assistant

Printed name and title

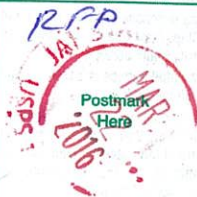
125 Broad Street, 18th Floor
 New York, NY 10004

Server's address

Additional information regarding attempted service, etc:

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OFFICIAL USE	
Certified Mail Fee \$	3.45
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$ 2.80
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage \$	2.52
Total Postage and Fees \$	8.77
Sent To Administration for Children and Families Street and Apt. No., or PO Box No. 330 C Street, SW City, State, ZIP+4® Washington, D.C. 20201	
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions	



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Certified Mail Fee \$	3.45
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$ 2.80
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage \$	4.8
Total Postage and Fees \$	7.67
Sent To Civil Process Clerk, U.S. Attorney's Office Street and Apt. No., or PO Box No. 86 Chambers Street, 3rd Floor City, State, ZIP+4® New York, NY 10007	
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions	



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OFFICIAL USE	
Certified Mail Fee \$	3.45
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$ 2.80
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage \$	98
Total Postage and Fees \$	7.67
Sent To Attorney General Loretta Lynch Street and Apt. No., or PO Box No. 950 Pennsylvania Ave, NW City, State, ZIP+4® Washington, D.C. 20530-0001	
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions	

